

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTHState File No. 189

Registered No. \_\_\_\_\_

## 1. PLACE OF BIRTH

County Gila State Ariz.  
 Township \_\_\_\_\_ or Village Rice,  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Sally Grant  
 { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth 7-12-30 19\_\_\_\_  
 If plural births \_\_\_\_\_ Full term Yes mate? Yes (Month, day, year)  
 5. Number, in order of birth \_\_\_\_\_

9. Full name FATHER  
Salvadore Grant  
 10. Residence (usual place of abode) Rice,  
 (If nonresident, give place and State) Arizona.

11. Color or race 4/4 Apache 12. Age at last birthday 29 (Years)  
 13. Birthplace (city or place) San Carlos, Ariz.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Policeman  
 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
 OCCUPATION

18. Full maiden name MOTHER  
Dorathy Clark  
 19. Residence (usual place of abode) Rice  
 (If nonresident, give place and State)

20. Color or race 4/4 Apache 21. Age at last birthday 22 (Years)  
 22. Birthplace (city or place) San Carlos  
 (State or country) Ariz.

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.  
 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
 OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ { months \_\_\_\_\_ or weeks \_\_\_\_\_ } 29. Cause of stillbirth \_\_\_\_\_  
 Before labor \_\_\_\_\_  
 During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6 A. m. on the date above stated  
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Z. Laughlin, \_\_\_\_\_, M.D.  
 or \_\_\_\_\_, Midwife

Address Rice, Ariz.  
 Filed 7/18, 1930 B. Laughlin Registrar.

Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

13-117-1132